

## San Ramon Police Department 2222 Camino Ramon San Ramon, CA 94583



Ph: (925) 973-2700 Fax: (925) 242-0517

## APPLICATION FOR MASSAGE OPERATOR'S PERMIT and/or

## **OUTCALL MASSAGE SERVICE**

[Operator's Face Sheet]

APPLICANT NAME	DATE OF APPLICATION
NATURE OF	BUSINESS: (check one or both)
	Massage Establishment
	Outcall Service
OWNERSHIP:	(check only one)
	Individual (Self employed, "independent contractor", etc.)
	Corporation
	Partnership
	s of all officers, directors, shareholders, general and limited partners and financially interested persons. fill out a <b>separate application packet</b> and is subject to a complete background check.
NAME:	
1	
2	
3	
1	